



## 2008-2009 KID CITY/BREAK DAYS HEALTH FORM

### General Information

Camper \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (upcoming year) \_\_\_\_\_  
(Last, First, Middle)

Heading

Legal Guardian \_\_\_\_\_ Email \_\_\_\_\_  
(Last, First)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

☐ YES. This person is authorized to make changes to the information on this registration/health form and pick-up this child.

Legal Guardian \_\_\_\_\_ Email \_\_\_\_\_  
(Last, First)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

☐ YES. This person is authorized to make changes to the information on this registration/health form and pick up this child.

### Medical Information

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Does your child have:	Yes	No	Does your child have:	Yes	No
Allergies?			Any medications? (please list below)		
Infections or diseases?			Limited physical, social, cognitive and/or behavioral skills?		
Dietary modifications?					

If you answered yes to any of these questions, if you would like to exempt your child from an activity, or if you can provide any information that will help us provide a better camp experience for your child, please explain.

Date of child's most recent immunizations: DTAP \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_ Other \_\_\_\_\_

**\*This health form is valid from June 1, 2008 through May 31, 2009. If there are any changes to this information, please contact the main office at (812) 349-3700.**

Camper's Name:

(Last)

(First)

### Reasonable Accommodations:

Does your child require an accommodation due to health, physical, social, cognitive and/or behavioral needs?

(Please circle one)

YES

NO

(If yes, you will be privately contacted by the inclusive recreation coordinator for further information)

*\*We require at least two weeks notification for accommodation requests. In some cases, it may take longer.*

### Emergency Contacts

*Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.*

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

### Authorized Pick-up

*Please list the people (other than yourself or other legal guardians who have already been authorized) who are allowed to pick up your camper. Anyone not on this list will not be permitted to pick up your camper.*

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### Waiver Statement (Must be signed to participate)

I understand that this waiver is valid from June 1, 2008 through May 31, 2009.

I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos for advertising and publicity purposes.

I give permission for my child to attend all field trips as part of the Kid City day camp and Break Days programs.

I recognize that because of the potentially hazardous nature of this activity that an injury may be sustained. In the event of such an injury to my child, and I or my designee cannot be contacted, I give permission to the attending physician to render such treatment. I now release the City of Bloomington, the Bloomington Parks & Recreation Department, its employees, agents, and assigns, for any personal injuries or damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds myself, my spouse, my heirs, executors, and administrators.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

